

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014321

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 722

FILED APR 30 1962

1. PLACE OF DEATH

a. COUNTY BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN POPLAR BLUFFLength of stay in lb
1 DAYc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VETERANS ADMINISTRATIONInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY WAYNEc. CITY
OR
TOWN PATTERSONInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
-----Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
BERTMiddle
MAYESLast
HATTON4. DATE
OF
DEATHMonth Day Year
APRIL 3, 19625. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
8-2-949. AGE (last birthday)
67IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
CAR PAINTER10b. KIND OF BUSINESS OR INDUSTRY
AUTOMOTIVE11. BIRTHPLACE (City and state or country)
MALDEN, MISSOURI12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

FRANK HATTON

13b. MOTHER'S MAIDEN NAME

ASLEY BITTETOE

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes or unknown) (If yes, give war or dates of serv)
YES WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

INTRACEREBRAL HEMORRHAGE, SITE NOT
DETERMINEDINTERVAL BETWEEN
ONSET AND DEATH

2 - 2 DAYS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

HYPERTENSIVE CARDIOVASCULAR DISEASE

UNKNOWN

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from APRIL 2, 1962 to APRIL 3, 1962 and last saw her alive on

Death occurred at 4:10

A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

J. A. ALEGRE, M.D., Act. Chief, MEDICAL SERVICE VA HOSPITAL POPLAR BLUFF, MO.

4-18-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

GISH FUNERAL HOME FLEMONTE MO 4/27/1962

Greenville MO

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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9443X

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VS MAY 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by *[Signature]*, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Marion E. Boulton*

Licensed Embalmer No. 4426

P. O. Address Pudmott Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.